

COVID-19 Test Processing at DPHL for Vendors at Long-term Care Facilities Agreement Form

Name of Agency:	Agency Point of Contact:
Point of Contact Email & Phone	e Number:
Our agency,	, agrees to the below conditions for utilizing the Division
of Public Health Lab (DPHL) for	agency staff working at long-term care facilities.
Submit a State Health Open	erations Center (SHOC) Resource Request Form to
SHOC@delaware.gov for	testing supplies (nasopharyngeal, oropharyngeal, or anterior nares
swabs testing kits)	
Follow process for Labora	atory Information Management System (LIMS) onboarding
Abide by the designated to	esting schedule for your agency
If using State Service Central	nter (SSC) Courier services for specimen delivery to DPHL, make an
appointment at respective	SSC to drop off specimens on designated dates, package specimens in
sealed container or bag, a	nd include a line list of all specimens in shipment.
• Deliver specimens to SSC	C on designated date and time (if unable to make delivery time to SSC, it
is the facility's responsibi	lity to deliver the specimens directly to DPHL).
Failure to comply with these cond	litions may result in not having access to DPHL for test processing.
Sign below and return to DPH_PA	AC@delaware.gov.
Signature	Date
Designated Days for DPHL proce	essing: Drop off time on designated days:
	SC: Prior to scheduled Courier pick up time DPHL: By 10:00 AM